

# ExperTox

drugs.alcohol.poisons.laboratory

**Step 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

Specimen ID Number \_\_\_\_\_

NON DOT	<b>A: Company:</b> _____	<b>B: Location #:</b> _____	NON DOT
	Identification Verified by: <input type="checkbox"/> Photo Id <input type="checkbox"/> Employer Representative		

**Step 2: TO BE COMPLETED BY DONOR**

Donor Name: \_\_\_\_\_ Donor SSN or ID # \_\_\_\_\_

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container was sealed with tamper-proof seal in my presence, and the information provided on this form and on the label affixed to the specimen container is correct. I authorize the laboratory to release the results of the test to the company identified on this form.

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Donor Signature                      Donor Phone #                      Initials                      Date (Mo/Day/Yr)

**Step 3: COMPLETED BY COLLECTOR:**

NON DOT	<b>REASON FOR TEST:</b> <input type="checkbox"/> PreEmployment <input type="checkbox"/> Random <input type="checkbox"/> Post Incident/Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Return to Duty <input type="checkbox"/> Other _____	NON DOT		
	Specimen Collection: <input type="checkbox"/> Single <input type="checkbox"/> Split <input type="checkbox"/> None    Remark _____ <input type="checkbox"/> Witnessed			
	Read Temperature within 4 minutes. Is temperature between 90° and 100°? <input type="checkbox"/> Yes <input type="checkbox"/> No    Remark _____			
	<b>Remarks:</b> _____			
	<table style="width:100%;"> <tr> <td style="width: 50%;">Collection Site Address:</td> <td style="width: 50%;">Collector Phone:</td> </tr> <tr> <td></td> <td>Collector Fax:</td> </tr> </table>		Collection Site Address:	Collector Phone:
Collection Site Address:	Collector Phone:			
	Collector Fax:			

**Step 4: Collector affixes tamper seal to bottle. Collector prints donor ID on seal. Donor initials and dates seal. Collector initials and dates seal.**

**Step 5: CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen identified on this form is the specimen presented to me by the donor that it bears the same specimen identification as set forth above, and that it has been collected labeled and sealed in accordance with applicable forensic requirements.	<b>SPECIMEN BOTTLES RELEASED TO:</b>  Delivery Service transporting specimen to Lab
X _____ Signature of Collector                      Time of Collection  _____ Print Collectors Name                      Date (Mo/Day/Yr)	<b>Specimen Seal Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Remark _____
<b>Received Lab:</b>  X _____ Signature of Accessioner  _____ Print Name of Accessioner                      Date (Mo/Day/Yr)	<b>Test Menu:</b> THC Cutoff ___ 20ng/ml ___ 50ng/ml  ___ 10 Panel Drug Screen with GC/MS ___ 5 Panel Non DOT with GC/MS ___ GC/MS Confirmation only for _____ ___ Alcohol Urine ___ Alcohol Blood ___ Miscellaneous Test _____